URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 9 1961

-60-045859
STATE FILE NUMBER

NDED

Registration District No. 141 Primary Registration District No. [illegible] Registrar's No. 189

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Plains — Length of stay in 1b 61 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt 3 — Inside Limits Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Howell
c. CITY OR TOWN West Plains — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) Rt 3 — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First Joseph Middle Martin Last Boss

4. DATE OF DEATH Month 12 Day 22 Year 60

5. SEX M

6. COLOR OR RACE W

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 1-1-99

9. AGE (last birthday) 61

IF UNDER 1 YEAR Months ___ Days ___ IF UNDER 24 HR Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY ✓

11. BIRTHPLACE (City and state or country) Mo White Church

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Fro Boss

13b. MOTHER'S MAIDEN NAME L. Elding Goff

14. NAME OF HUSBAND OR WIFE Bertha Boss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Yes

17. INFORMANT Bertha Boss — Address West Plains Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH Immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease

DUE TO (c) and Hypertension

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 22/12/60 to 22/12/60 and last saw him alive on 22/12/60

Death occurred at 11:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) M D

22b. ADDRESS West Plains Mo

22c. DATE SIGNED 29/12/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Bur.

23b. DATE 12-24-60

23c. NAME OF CEMETERY OR CREMATORY Memorial Park

23d. LOCATION (City, town, or county) (State) West Plains Mo

24. FUNERAL DIRECTOR Robertson — ADDRESS West Plains Mo

25. DATE RECD. BY LOCAL REG. 1-3-61

26. REGISTRAR'S SIGNATURE Beatrice Cook

BY AFFIDAVIT OF

DOCUMENT

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed D D Roberts

Licensed Embalmer No. 3432

P. O. Address Mead Fo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.